

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34422

FILED NOV 12 1948 318

1003

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 0418

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G. Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hrs. 45 mins  
(Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME Leroy McCarter Jr.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 6  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 17 years  
7. Birth date of deceased 10 (Month) 17 (Day) 48 (Year)

8. AGE: Years Months Days If less than one day  
4 hr. 45 min.

9. Birthplace St. Louis Missouri 6  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Leroy McCarter  
13. Birthplace Muscle Shoals Alabama  
(City, town, or county) (State or foreign country)  
14. Maiden name Louise Chiles  
15. Birthplace St. Louis Missouri 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Russell Jett  
(b) Address 2601 N. Whittier

17. (a) Anatomical Board (b) Date thereof OCT 31 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rowland Mortuary Service

18. (a) Signature of funeral director 4104 Manchester Ave.

(b) Address 4104 Manchester Ave.  
19. (a) OCT 31 1948 J. B. Lassiter  
(Date received for local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County San  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4154 Delmar  
(If rural, give location)  
(e) Citizen of foreign country? 19 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17  
year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 9:45 A.M.  
10-17- 1948 to 2:30 P.M. 1948  
that I last saw h. im alive on 10-17- 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Prematurity Duration

Due to 151  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (a) Means of injury 0  
23. Signature J. B. Lassiter (M. D. or other)  
Address 2601 N. Whittier 10-20-48  
Date signed

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**